

2002 **FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

FILED

03 JAN 30 AM 10:08

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

DOCUMENT # P01000037258

1. Entity Name

ALLIANCE BUSINESS SERVICES, INC.



**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

1412 Vassar St.

3. Mailing Address

2406 E. Friday Circle

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State  
Orlando, FL

City & State  
Cocoa, FL

4. FEI Number  
59-3715609

Applied For  
Not Applicable

Zip  
32804

Country  
USA

Zip  
32926

Country  
USA

5. Certificate of Status Desired ☐ \$8.75 Additional  
Fee Required

**DO NOT WRITE  
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name  
William C. Ward III

Street Address (P.O. Box Number is Not Acceptable)

2406 E. Friday Circle

City  
Cocoa

FL Zip Code  
32926

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

*William C. Ward III*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

1/20/2003

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Vice-President  
William C. Ward III  
2406 E. Friday Cir. - Cocoa, FL 32926

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

VP - Steve A. Boyt  
413 Summit Ridge Pl., 215, Longwood, FL  
32779

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

President  
Alex L. Hartley  
1412 Vassar St. Orlando, FL 32804

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

500011201255  
01/30/03--01024--001 \*\*300.00

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

01/30/03--01024--001 \*\*300.00

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
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TITLE  
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STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered.

SIGNATURE:

*William C. Ward III*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/20/03

Date


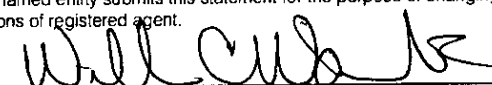

321-258-4195

Daytime Phone #

CR2E034B (12/02)

2/1/03

2003 **FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P01000037258			
1. Entity Name <b>ALLIANCE BUSINESS SERVICES, INC.</b>			
<b>DO NOT WRITE IN THIS SPACE</b>			
2. Principal Place of Business <b>2406 E. Friday Circle</b>		3. Mailing Address <b>2406 E. Friday Circle</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <b>Cocoa, FL</b>		City & State <b>Cocoa, FL</b>	
Zip <b>32926</b>	Country <b>USA</b>	Zip <b>32926</b>	Country <b>USA</b>
4. FEI Number <b>59-3715609</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>		DO NOT WRITE IN THIS SPACE	
7. Name and Address of Current Registered Agent			
Name <b>William C. Ward III</b>			
Street Address (P.O. Box Number is Not Acceptable)			
<b>2406 E. Friday Circle</b>			
City <b>Cocoa</b>		<b>FL</b>	Zip Code <b>32926</b>
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE 		DATE <b>1/20/2003</b>	
January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>President William C. Ward III 2406 E. Friday Cir. - Cocoa, FL 32926</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Vice-President Steve A. Boyt 413 Summit Ridge Pl., 215, Longwood, FL</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>32779</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DO NOT WRITE IN THIS SPACE</b>
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered.			
SIGNATURE: 		Date <b>1/20/03</b>	Daytime Phone # <b>321-258-4195</b>

CR2E034B (12/02)

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # P01000037258**

**1. Corporation Name**

ALLIANCE BUSINESS SERVICES, INC.

**2. Principal Office Address**

2406 E. Friday Circle

Suite, Apt. #, etc.

City & State

Cocoa, FL

Zip

32926

Country

**3. Mailing Office Address**

2406 E. Friday Circle

Suite, Apt. #, etc.

City & State

Cocoa, FL

Zip

32926

Country

**4. Date Incorporated or Qualified  
To Do Business in Florida**

April 9, 2001

**5. FEI Number**

59-3715609

Applied For

Not Applicable

**6. CERTIFICATE OF STATUS DESIRED** ☐

\$8.75 Additional Fee required  
for a Certificate of Status

**7. Name and Address of Current Registered Agent**

Name

William C. Ward III

Street Address (P.O. Box Number is Not Acceptable)

2406 E. Friday Circle

Suite, Apt. #, Etc.

City

Cocoa

State

FL

Zip Code

32926

**8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.**

Signature of  
Registered Agent

*William C. Ward III*

Date 1/20/2003

REGISTERED AGENT MUST SIGN

**9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)**

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P/T	William C. Ward III	2406 E. Friday Circle	Cocoa, FL 32926
VP/S	Steve A. Boyl	413 Summit Ridge Place #215	Longwood, FL 32779

**10.** I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

**SIGNATURE:**

*William C. Ward III*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/20/2003 321-258-4195

Date

Daytime Phone #

CR2E081 (10/02)

gs 1/31

Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

January 20, 2003

To whom it may concern,

I'm writing to request reinstatement of my corporation, Alliance Business Services, Inc. I was unaware that we needed to provide an annual Uniform Business Report last year. My company was not issued the form last year so hence it was not filed. I would like to request that you waive the reinstatement fees this one time. I'm providing both last year and this year's Uniform Business Report along with a check for both years. I've also included the Corporation Reinstatement form.

Please find enclosed a check for \$300.00 to cover both years. If you should have any questions, please call me at 321-258-4195. I've Express Mailed these to you, as I need my company reinstated as soon as possible. Thank you for your help.

Sincerely,

A handwritten signature in dark ink, appearing to read 'William C. Ward III', with a stylized flourish at the end.

William C. Ward III  
President  
Alliance Business Services, Inc.

Encl. Corporation Reinstatement Form  
2002 Uniform Business Report  
2003 Uniform Business Report  
Check for \$300.00